



Health District

APPLICATION AND WAIVER FOR EVALUATION OF EXISTING HOME SEWAGE SYSTEM APPLICANT MUST COMPLETE ALL ITEMS Fee is non-refundable

Receipt # _____

\$400.00 ON-LOT \$420.00 OFF-LOT * (2 lab test/visits) \$ 50.00 Re-evaluation

NOTE: The house must be currently occupied and have been continuously occupied for the last 60 days NOTE: After submitting this application with applicable fees, YOU MUST schedule an inspection with our office.

Location to be evaluated:

Address: _____ Township: _____ Owner's name: _____

Results to be mailed to:

Name: _____ Address: _____ City/State/Zip: _____ Phone: _____

Access to be provided by:

Name: _____ Address: _____ City/State/Zip: _____ Phone: _____

Number of Occupants in home _____ Number of bedrooms _____ Date of last pumping _____ Is the house currently occupied? (NOTE: The house must be currently occupied!) Y or N Has the house been continuously occupied for the last 60 days? Y or N Have there been any other evaluations of this sewage disposal system (If yes, submit copies) Y or N Have there been any repairs/maintenance done on this sewage disposal system other than pumping Y or N If yes, provide information as to what was done and when _____

If this is a leaching trench system with two fields, when was the system last switched to the field currently in use? _____

PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Health District archives, a visual inspection of accessible components of the sewage system, and/or in the case of off-lot systems: sample test results utilizing standard methods of wastewater analysis. I also understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the system at the time of the inspection and in no way guarantees the future performance of the system. I understand the system cannot and will not be evaluated by this department if any of the following conditions exist:

- 1) Snow cover over on-lot systems. Off-lot systems will be determined on an individual basis. 2) The house is vacant. 3) The sewage system has not been under normal load for at least 60 consecutive days. All wastewater including laundry must flow into the septic tanks. 4) The septic tank(s) have been pumped within the last 60 days. 5) All components (septic/aeration tanks, lift station, distribution boxes) of the system are not uncovered and clearly visible to the Environmental Health Sanitarian, as is the responsibility of the homeowner or person requesting the evaluation. 6) No one is present to provide access to the property. 7) Excessive brush, grass, or ground cover exceeds 6" in height. 8) In the case of off-lot discharge, a sample well is not present or has not been installed or a discharge is not present and a flowing sample cannot be obtained.

I acknowledge that if any of these conditions exist, a re-evaluation fee will be required for a second visit to the property. In addition, it is understood that if the system is determined to be failing and ineffectively treating the sewage effluent, the owner will be REQUIRED to make necessary repairs to the sewage system.

THE CURRENT PROPERTY OWNER MUST SIGN WAIVER FORM / BOTH LINES MUST BE SIGNED. Make Checks payable to: GEAUGA COUNTY HEALTH DISTRICT

Signature of Property Owner

Date

Signature of Requestor

Date

470 Center Street, Bldg 8 • Chardon, Ohio 44024 • (440) 279-1900

AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER OF SERVICES

http://www.geaugacountyhealth.org